DOCUMENT RESUME

ED 130 194 CG 010 874

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TITLE Alignment Strategies in Verbal Accounts of Problematic Conduct: The Case of Abortion.
PUB DATE [75]
NOTE 18p.

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Abortions; Cultural Factors; *Females; *Interviews; Motivation; Norms; *Pregnancy; *Social Attitudes; Social Psychology; Surveys
IDENTIFIERS *Justification

ABSTRACT

This paper reports the results of a survey on the attitudes of women who had just had voluntary abortions. The paper focuses on the attempt on the part of the women to bring their abortion-seeking behaviors in line with opposing cultural standards. The existing literature suggests that alignment can be accomplished through reducing the negative quality of the act (justification) or by rejecting personal responsibility (excuses). The researcher interviewed 40 women subsequent to their abortions. Those interviewed (with one exception) generally believed that the community disapproved of abortion, and almost half of those interviewed disapproved of abortion personally. The interview results indicate that while only a few (15%) of the women used alignment strategies to account for their pregnancies, most used them in accounting for their abortions. It is also noted that excuses were much more frequently employed than were justifications. (NG)

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ED130194

ALIGNMENT STRATEGIES IN VERBAL ACCOUNTS OF PROBLEMATIC CONDUCT: THE CASE OF ABORTION

by
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Introduction

Persons frequently act in ways which they themselves recognize are contradictory to acceptable cultural standards. Eventually, such persons may find themselves faced, in the course of a conversation, with having to explain or account for these problematic or questionable acts. This paper is an attempt to explore such situations by focusing attention on the actors being called into question. My objective is to observe and analyze the manner and extent to which actors' verbal statements serve either to confirm or reduce the perceived discrepancy between their actions and the normative order.

The general problem of actors being called to account for their problematic conduct has been dealt with theoretically by a number of writers. From their efforts has come a substantial repertoire of concepts referring to the accounting process: "vocabularies of motive" (Mills, 1940), "techniques of neutralization" (Sykes and Matza, 1957; Henslin, 1970), "accounts" (Scott and Lyman, 1968), "quasi-theories" (Hall and Hewitt, 1970; Hewitt and Hall, 1973), and "disclaimers" (Hewitt and Stokes, 1975). While the analytical grounds for making so many conceptual distinctions are unclear, the commonalities among them are not. All refer to strategies of alignment--an attempt on the part of an individual to bring his or her untoward behavior into line with cultural standards. All reflect an emergent, situational

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and negotiated view of social order. All emphasize the notion that human action is interpreted and attributed with meaning retrospectively (and prospectively) in line with the situational demands of the present. Finally, all take the position that successful alignment preserves the continuity of social interaction and of individual identities.

A fundamental barrier to the continued development of this work is the fact that so few of the ideas have been applied to empirical data. Furthermore, where such application has occurred, it has tended to be of an illustrative rather than systematic nature. This paper is directed toward a more systematic approach. A single type of problematic action is the focus. Verbatim transcripts of conversations with a set of persons who have committed the act and who believe it to be contrary to societal standards provide the data for analysis. Rather than selecting out only those cases in which alignment strategies are used, as has been typical of past work, all cases in the set of conversations will be analyzed. In this way, a more accurate picture of usage patterns can be presented.

The existing literature clearly suggests that when they are called into question for untoward behavior, persons tend to make verbal statements which serve to bring their behavior into closer alignment with conventional norms. Further, it is suggested that this alignment can be pursued in two general ways (Scott and Lyman 1968). One way is for the actor to try to reduce the negative quality of the act. Appealing to a "higher good," and denying a victim are examples of this. Secondly, an actor may attempt to render the account unnecessary. This is done by disassociating oneself from the

behavior in question by rejecting personal responsibility for the action--for example, portraying oneself as coerced, unaware, or in some other way not in control of one's actions. The former are designated "justifications"; the latter "excuses." Although it has been noted that certain factors may influence which strategy is used, heretofore no specific conditions have been determined.

Past writers have also acknowledged that actros may try to avoid an account, ignoring the problematic nature of their actions. In addition, the possibility exists that an actor might choose to acknowledge his or her disparate behavior, accepting the subsequent vulnerability of identity. With these considerations in mind, I shall approach the use of alignment strategies (excuses and justifications) as only one possible way of handling disparate behavior. As other alternatives, actors may ignore the discrepancy or they may confirm it.

Methodology

The specific type of problematic conduct to be examined in this paper is abortion. Appropriate data were secured by contacting all the women who sought (and actually completed) abortion procedures during a five month period at a medium-sized mid-western city's public health department family-planning clinic. Forty women (approximately 60% of those contacted) agreed to be interviewed two months after their abortion. All were interviewed. The interviews lasted roughly two hours and consisted of each woman, guided by the interviewer, reconstructing and commenting on her entire pregnancy and abortion experience, beginning several months prior to the discovery of pregnancy and ending with the day of the interview. The interviews were tape-recorded.

The women in the study validated the fact that abortion is a type of problematic or questionable conduct. All but one indicated her belief that abortion was disapproved by most members of her community. Half indicated that they themselves disapproved of abortion except in cases of rape or physical harm to the woman or fetus.

The ages of the women ranged from 14 to 39. Half were in the 18-22 category (which is comparable to state-wide statistics and lends credibility to the representativeness of the study group). The remainder was evenly divided--half being older and half younger. Twenty-four (60%) of the women were single with six planning marriage in the immediate future. Ten (25%) were either divorced, separated or widowed, almost all with children. Six (15%) were married, all but one having children. The social class standing of the group was homogeneous: predominantly middle and lower-middle class with a few women in either the lower or upper-middle class categories. The group was white with the exception of four black women and one Chicana. With respect to religion, 11 (28%) identified themselves as Catholic (comparable to the local percentage) and 27 (70%) as Protestant. One woman identified herself as Jewish and one claimed no religion. Twenty-four women (60%) had either low or no participation in religious activities, while sixteen had moderate to high participation.

The interview tapes were all transcribed verbatim. These transcripts provide the data presented in the following section.

Verbal Accounts of Abortion

The women's talk about their abortion extends over all the many facets of the experience. Two events are pre-eminent: becoming pregnant and deciding on the abortion. In this paper, I confine myself to considering three central issues with which women must come to terms in order to account for these events. The issues are (1) accounting for becoming pregnant: why did they get pregnant in the first place since they did not decide to continue on and have the baby? (2) accounting for the abortion decision: why did they decide to have an abortion--or, conversely, why did they decide not to have a baby? (3) defining the nature of the fetus: is abortion an act of killing a human life or not?

Underlying each of these issues is a norm, (meaning a standard or guideline, not necessarily average behavior) and implicit is the assumption that a woman having had an abortion probably has departed from each norm. The norm which underlies issue one is that a woman who does not want a child should not get pregnant. For unmarried women, becoming pregnant is doubly problematic because of their marital status. In issue two, the norm is simply that one should not have an abortion--it is neither a fully acceptable nor a moral thing to do. Finally, underlying issue three is the normative belief that abortion is the act of killing a human life.

In discussing their abortion with others (and in their own reflective thinking) women must deal with these implied departures from acceptable norms. If they are to avoid being descredited, if they are to protect their identities, then they must find a means

to reduce the discrepancy between their actions and culture. Alignment strategies provide such a means.

Before presenting the verbal statements women used in addressing each of the three issues, one point should be noted. Because these women were reconstructing their experience as a step by step sequence, they all were faced rather explicitly with the necessity of talking about both becoming pregnant and deciding on abortion. It is in this sense that I consider the women in this study "called to account." None, however, was faced at any point with having to include a definition of the fetus. As we shall see, many offered a definition anyway.

Issue 1. Becoming pregnant.

The most prevalent theme for statements on this issue was the acceptance of personal responsibility and the derogation of self:

> When she first told me, my whole face just turned red. I don't know why. I just felt real stupid...I kind of felt like it was all my fault--and that was a big burden. (interview #7)

> I was mad at myself because I was stupid and I knew right away that I had messed up. But, you know, aggravation was the only thing I can remember...I was just kind of frustrated because I had allowed it to happen...I felt like I should have known enough to take precautions so that it wouldn't happen. I was just pretty irritated with myself. (#11)

> I had worried about it, but, you know, I guess when you shouldn't be doing things that you do, you always worry about it...it was making me kind of feel like some kind of dummy, you know. I had gotten myself into a situation that I don't think I was really--I don't think I should have been in. (#28)

> I was mad at myself. I just thought, "Oh brother, I really pulled a goody now." (#39)

Statements like these were made by twenty-one (53%) of the women interviewed. Rather than attempting to justify or excuse their unplanned and unwanted pregnancies, they characterized becoming pregnant as a personal failure.

Another group, thirteen of the women (32%), ignored accountability for the pregnancy altogether. These women simply stated the facts. For example:

> What happened is I came to town with a prescription of birth control pills, just two months of birth control pills that my doctor had left me. I didn't get to a doctor in time to get a new prescription before my old prescription went out, and I was off of my pills for a month. It only takes one month. And, I became pregnant. (#5)

The remaining 6 women (15%) attempted to excuse their pregnancy. Two excuses were frequent: inaccessibility or incorrect advice about birth control and strong, overpowering feelings for the male partner:

> We started talking about birth control before, but I was afraid that the pill would mess me up or something, you know, and that was the only thing I really thought about. I couldn't imagine using something else...we talked to this one lady and she told us that if I ever got on it I'd have to go on it all my life and all this stuff, and if I ever quit taking it I'd have a baby automatically... We weren't saying, "Hey, let's get pregnant tonight," you know. It wasn't that type of deal, but, you know, it was just--it was out of love more than anything. (#14)

> I've been here to get the pill, but I wasn't on the pill at the time I was pregnant because I couldn't come up--see, I needed more and I had nobody to take me and get some, so-I got in trouble. (#13)

Issue 2. Deciding on abortion.

By far the most frequently used theme for statements on this issue was one of compulsion, the notion of being forced or having "no choice" in the matter of abortion:

> I was frightened of the abortion. And I was also sad as far as the child was concerned. I could feel for the part that would have been me. But, as far as circumstances go, I had no choice. (#36)

> I still to this day can't believe I actually did it, because I never thought I would. I was crazy about my daughter, you know, and I thought kids were just wonderful, and I think I always thought if I ever got pregnant out of marriage I would marry the father. But, suddenly you've been divorced, you know what its like and it takes a hell of a lot of love to put up with somebody and suddenly I was faced with this... Well, I couldn't have the baby and give it away. In no way could I do that. For one reason, I couldn't stand to give away something, you know, like that...and I thought, how could I go to work everyday facing these people, you know, that have known me for eight years and suddenly I'm pregnant and not married...And, I thought, I can't marry him because I'm not in love with him...And then I thought about abortion and I thought, "Well, it seems like that's the only way." (#12)

> It was like I knew what I had to do and I was dead set on doing it, but I didn't want to. It was like I was being forced to do something, but that I didn't want to. (#10)

> You know, at this point in my life and everything else, that's the only way. As far as I'm concerned, I don't see any other way--that there could be any other way... I don't think it will bother me too much because it was the only way out and you have to accept that. (#20)

Twenty-six (65%) of the women spoke the above manner. By portraying themselves as having no alternative, they become victims rather than actors. Responsibility for the decision is abrogated.

The rest of the women, fourteen in number (35%), took another approach in accounting for their decision. In their comments, they did not deny responsibility for the decision. Instead of the compulsion theme, these women spoke in terms of not wanting a baby:

> I found out I was pregnant and I said, "Well, this isn't for me. I don't want to get married. I don't want the baby, or anything. I just want to live my life the way I want to live it"...I said I didn't want it and I didn't want it. I still don't want any kids. (#26)

> I always did think of it kind of as something I wouldn't want to be involved in, you know. But, it was all right for other people. The minute I got pregnant I changed my mind. I knew that I did not want another child... The prospect of another child to me was just something that I couldn't bear...There wasn't a single reason I could think that I would want another baby--not one. (#17)

> I didn't want more than two children. Financially and--well, I just didn't want another child. I love babies, but two is enough for us. (#14)

> To me, it was something I had to do for me. I mean, I was pregnant and I didn't want the child. I didn't want the responsibility of a child. I didn't want to bring a child into this world...(#31)

Issue 3. Defining the fetus.

The general societal confusion and ambiguity surrounding this issue is reflected in the statements of a large portion of the women studied. Fifteen (38%) avoided the issue entirely. Ten (25%) expressed their confusion inability to come to terms with it completely:

> ...I was brought up in the Church and I know that, as far as God and in the religious way, that it is wrong. Because that is taking a life--which I didn't really feel like--well, I don't know. I'm still kind of mixed-up about that, too-whether it was a life or whether not. (#1)

> It was important in that you are making an important decision. Is this person going to live? I guess some people would say that it isn't really a person--anyway, a one day old child that died would be much worse. (#4)

The theme of the fetus as a life or baby or person and the related idea of abortion as killing that life characterized the statements of nine women (22%):

> I just felt like I was killing something. (#9)

> I thought it was terrible, taking a life. Something that is alive. You can't say that it's not because it is. No matter how small it is, it's still alive and the thought of killing something like that just kind of makes you sick... I kind of felt like that all along--I mean, you're killing something.

> I didn't want to have the feeling of killing the baby and that's what I felt like. (#30)
>
> But, it was really sad. I don't know. I guess its just the idea of--like killing a little baby. (#10)

While it is the argument of many people who support abortion, only 6 (15%) of the women interviewed made statements explicitly that the fetus was not a person or a human life:

> I just personally don't look at a little fetus as being a person, and I don't agree with the argument about it is manslaughter. I just don't agree with that. (#8)
>
> When you are that far along, I don't really feel--I feel that its something there, but I don't really feel that its a life yet...I don't feel that it is really a human life that early. (#31)
>
> I can't go along with the idea that from the moment of conception this is a person. (#38)
>
> I don't think you are killing a child, you know. You're getting rid of something that you didn't want. Its not really--it's not alive yet. (#32)

In summary, taking the most frequently used themes for each issue, we get the following profile of women's verbal accounts of abortion experience: taking personal responsibility or blame for becoming pregnant, characterizing the abortion decision as one she was forced into making--one where she really had no choice, and, finally, avoiding a definition of the fetus completely or else stating confusion over the issue of its status as a human life. Of those who did offer a definite opinion about the fetus, the majority said it was indeed a person.

Discussion

The data have been presented in terms of three issues. In the following discussion of these data, we reduce the three to two: the account of the pregnancy and the account of the abortion. The

interrelated issues of deciding on abortion and defining the fetus are considered together. The accounts of pregnancy will be dealt with first.

Accounting for pregnancy.

The data indicate that only a few women (15%) used alignment strategies in accounting for their pregnancy. What they did instead was to confirm their departure from acceptable norms, admitting their deviance and verbally sanctioning themselves. Given the fact that they acknowledge their behavior as contradictory to normative standards, why do they not attempt to align it and avoid negative evaluation?

It can be suggested that the answer to this question lies in the structure of societal norms governing women, i.e. in traditional sex role expectations. In American society, women have the role of governor or regulator in sexual interaction. They are not expected to initiate sexual contacts. Once such contacts are begun, however, women are expected to act as the controlling agent--a referee of sorts. This is particularly true for unmarried women. They are the ones who are expected to indicate when things have gone far enough--when, in effect, to "blow the whistle". Societal standards portray the male as the aggressor and the female as the checkrein. While it is true that out-of-wedlock pregnancies are often expressed in terms of "he got her pregnant," in a much more fundamental sense the woman is held responsible. By definition of her role in sexual activity, the culture prescribes her as the responsible party. In other words, she should have been the one to say "no". Despite all the speculation of a new morality, most of the women in this study agree, both explicitly and implicitly, with the idea that the woman is responsible for the course

of sexual activity. It is defined by her role and is an attribution not easily negotiated out of. Hence, the women in this study find it difficult to relieve themselves of blame for their pregnancy. They also, particularly since they are generally unmarried, find it difficult to reduce the negative quality of the act. Since these are the major strategies for aligning disparate behavior with appropriate standards, it is not surprising that we do not find alignment strategies frequent in accounts of pregnancy.

Further support for this argument can be found by considering the themes in statements of married women. Pregnancy for them is not typically considered problematic by others. As might be expected, none of the married women studied used an alignment strategy in discussing her pregnancy. Turning to the theme of taking personal responsibility for pregnancy, we would expect married women to be less frequent users of this theme than unmarried women. Normative expectations governing the regulation sexual activity are much less clearly specified for them and, certainly, pregnancy among married women generally is not sanctioned negatively. Looking at the frequency of taking personal responsibility for pregnancy by marital status, this expectation is borne out. The numbers are small, but only two of the six married women studied (33%) took the responsibility for their pregnancy. In contrast, 56% (19 of 34) unmarried women did so.

Another factor affects the taking on of personal responsibility for pregnancy: birth control usage. This is not of major importance in the present study because of small numbers, but it nevertheless should be mentioned. Only three of the women studied were using effective methods of birth control--i.e. correct use of the diaphragm, the IUD or the pill. As might be expected, none of these women stated that

they were to blame for their pregnancy. They ignored the accountability issue altogether.

Finally, it should be noted that while religion did not appear to be related to how women talked about pregnancy, age did. Younger women (14-17) were much less likely to ignore the responsibility issue, somewhat less likely to take responsibility, and much more likely to offer an excuse. All the excuses offered for pregnancy came from these younger women.

Accounting for the abortion.

Women's talk concerning their abortion decision and their definition of the fetus has heretofore been presented separately. While this is appropriate for analytical purposes, in common sense terms and in empirical fact the two are interrelated.

Unlike the verbal statements made about pregnancy, those concerning abortion reflect a frequent use of alignment strategies. Excuses are the most common. To excuse, the strategy followed is for the woman to portray the decision as one in which she had no control and therefore little responsibility for the outcome. Twenty-six women (65%) took this theme in accounting for their abortion decision.

If we look at how these same 26 women approach the related issue of defining the fetus, an interesting pattern emerges. We find that they either ignore the issue, admit they are confused about it, or else state that the fetus they aborted was indeed a human life or person. None of the women, either implicitly or explicitly, makes any statement to dispell or realign the notion that she killed a life.

When we turn to the six women who did explicitly deny that the fetus was a person, we find that <u>none</u> of them offered an excuse

for their abortion as did the previously mentioned group. In other words, none who rejected the fetus as a person said she was compelled or had no choice about an abortion. Instead, these women adopted the theme that their abortion was chosen because they did not want a child. Those who denied responsibility did not deny a victim; those who denied a victim did not deny responsibility.

This pattern reveals, then, two alternate ways of reducing the negative or deviant implications of abortion. In the first case, an excuse, the deviant act itself is disassociated from the individual. (Generally a person is not negatively evaluated or considered deviant for an act they"couldn't keep from"committing.) Once one is not held responsible for the act, the negative quality of the act does not reflect detrimentally on the actor. Abortion, as long as responsibility is lifted from the woman, can be presented as the killing of a child without a threat to identity.

In the second case, a justification, personal responsibility is maintained, but the negative quality of the act is taken away. By stating that the fetus is not a person, these women, in effect are denying that there is a victim, denying abortion as an act of killing. These women, then, do not have to relieve themselves from responsibility in order to protect their identity. They simply redefine the act as not deviant.

Combining the women who used excuses and those who used justifications, a total of 32 women (80% of the entire group) made use of alignment strategies. The question remains, why did so many of these women use an excuse rather than a justification as their strategy? Two factors help provide an answer. First, abortion is viewed by many of these women and by their community as a deviant act. Justifying

the abortion by saying that the fetus is not a life is not likely to be considered an acceptable or "honorable" account. Secondly, those who did use a justification said that they didn't want a child. Explicitly stating that one doesn't want a child is difficult for many women because of the widely accepted norm that every woman should want to have a child--that it is inappropriate, in other words, for a woman to reject a child. In support of this last point, many of the women interviewed interjected at some point in the interview their love of babies or of children in general as if to dispell the implication that because of their abortion they might not.

Conclusion

From the data and discussion, we can conclude in support of the previous work on alignment strategies that they do indeed tend to be employed when actors are called to account for their problematic acts. All but 8 women of the 40 interviewed used alignment strategies. Of those who did not, it is significant that four were married and three were 16 years or younger. Had the study group been all unmarried and all old enough to fully see the social implications of being called to account, then the proportion using alignment strategies might have even been greater.

The data on pregnancy and the fact that excuses were much more frequent than justifications in abortion accounts indicate that the particular normative structure which underlies being called to account must be taken into consideration. It appears that some norms are powerful enough so that alignment and the negotiation which it involves becomes extremely difficult and is infrequently attempted. More research is needed in order to explore this possibility further.

Finally, the particular case of being called to account for abortion reveals that women tend to make verbal statements which confirm rather than challenge the traditional sexual and child-bearing roles of women.

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